

## **CARDINAL CAPITAL MANAGEMENT**

Application For Residency - TC

Name of Apartment Home y	ou are interested in:				
How many bedrooms are you interested in? Date/time received			_		
List all persons that are apply	ring to live in this un	iit:	Staff I	nitials	
Name (Last, First, MI)	, First, MI) Relationship Sex Disabled Social Sect		Social Security Number		
	НОН		1 01 14	Number	
*Acceptable age verification	ns include: Birth C	ertificate,	Driver's Lic	cense or passport	
Applicant's Driver's License	Number:				
Current Address:					
			City		Zip Code
Current Daytime Phone: Email Address (Optional): _			Other l	Phone:	
Do you expect to add anyone	e to the household wi	ithin the n	ext twelve m	onths? YES N	Ю
If yes, please provide the nar	ne and relationship o	of the pers	on to be adde	ed, and explain why the	v are being added
) ••, p p	Р	F		· ,	J 11-1 - 1-1-1-15 11-11-11
Have you ever filed bankrup	tcy? YES NO _	If ye	es, please exp	lain (include dates)	
Have you or anyone listed on against them)? YES NO If					
Is anyone listed on this applie	cation required to re	gister as a	sex offender	in any state? YES	NO
Please advise Cardinal Capit	tal Management stafj	f if you ned	ed assistance	reading or completing	this application







Have you or anyone listed on this application ever been evicted? YES NO If yes, please explain (include dates) Have you been or will you be a part-time student for at least 5 months in the current calendar year? YES NO If yes, at what institution are you enrolled? Have you been or will you be a full time student for at least 5 months in the current calendar year? YES NO If yes, at what institution are you enrolled? Do you or other adult household members anticipate becoming a full student for at least 5 months in the next calendar year? Yes \_\_\_\_\_ No \_\_\_\_ Do you or other adult household members anticipate becoming a part-time student for at least 5 months in the next calendar year? Yes \_\_\_\_\_No \_\_\_\_ List all addresses that you have lived at within the last three years. (Attach another page if necessary) Property Address Dates Did you Own or Rent Landlord's Name Landlord's Address/Phone From To From To Will you or any adult household member require a live-in care attendant? YES NO Does the head or co-head of the household require the features of an accessible unit? YES NO Cardinal Capital Management does not discriminate on the basis of disability status in the admission or

access to, or treatment, or employment in, its federally assisted programs and activities



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## Declaration of Income

Circle	One	Description	Family Member	Source	<b>Monthly Income</b>
YES	NO	Employment			
YES	NO	Self-Employment			
YES	NO	Unemployment			
YES	NO	Social Security			
YES	NO	Social Security (SSI)			
YES	NO	VA Benefits			
YES	NO	Pension/Annuity			
YES	NO	Disability			
YES	NO	Child Support			
YES	NO	Alimony			
YES	NO	Military Compensation			
YES	NO	Rental Income			
YES	NO	Other Income			
YES	NO	Lottery Payments			
YES	NO	Workers Compensation			
YES	NO	In-kind contributions			
YES	NO	Anticipated Income			
YES	NO	Recurring Gift			







## Declaration of Assets

Circle	One	Description	Family Member	Financial Institution	<b>Amount of Income</b>
YES	NO	Checking Account			
YES	NO	Checking Account			
YES	NO	Savings Account			
YES	NO	Savings Account			
YES	NO	Trust Account			
YES	NO	Certificate of Deposit			
YES	NO	Money Markets			
YES	NO	Mutual Funds			
YES	NO	Pension/Annuity			
YES	NO	IRA/Keough/401 K			
YES	NO	Stocks/Bonds			
YES	NO	Real Estate			
YES	NO	Personal Property			
YES	NO	Cash (more than \$500)			
YES	NO	Lump Sum Payment			
YES	NO	Whole Life Insurance			
YES	NO	Other			







www.cardinalcapital.us

**NOTE:** A criminal, credit and sex offender check will be completed on the application and all adult members of the applicant household including live-in aides.

Where did you learn about our apartments	?
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The undersigned certify that the information and statements provided in this application are true and complete to the best of my/our knowledge and belief. I/We understand that providing false information or making false statements may be grounds for denial of my/our application and may subject me/us to criminal penalties, I/We agree to provide verifications of all income and assets as required by the Owner or its agent.

Subject to approval, this will be my/our primary residence.

Signature of Head of Household	Date	
Signature of Spouse (or other Adult Member of Household)	Date	
Other Adult Household member	Date	

10/31/13







# <u>CARDINAL CAPITAL MANAGEMENT</u> <u>Documents Required (Income Restricted Application)</u>

To help you prepare for your application appointment, and to prevent any unnecessary delays in the application process, please read over the following items you will need to bring with you. If you have any of the following, please submit the originals or copies of the most current documentation with your application.

	_ 1. Driver's license, birth certificate, state or country ID for proof of age.
	_ 2. Rental history (current and previous landlord's address and telephone).
	_ 3. Final legal documents if separated or divorced.
	4. Latest tax bill showing estimated market values for all owned real estate. (If this is a mobile home and is personal property, bring appraisal). If you sold a home in the last two years, bring proof of sale.
	_ 5. All rental properties, land contracts and mortgages owned with amortization schedules.
	_ 6. All whole life insurance policies with current name, address and telephone of agent.
	7. All stock and bond certificates including Savings Bonds such as E, EE or H bonds along with latest brokerage statements and/or 1099 tax forms.
	8. If you have received a lump sum payment, disposed of any assets, and/or changed any assets in the last 24 months, bring proof.
	_ 9. Social Security awards letter normally received at the beginning of the year.
	_ 10. Veteran's Affair benefits letter showing claim number and name of veteran.
	_ 11. Pension payment information including name, address and phone number of both the company
	paying pension and the institution distributing pension check.
$\rightarrow$	Power of Attorney: If applicant has designated Power of Attorney for finances and that person is signing any part of the application, a copy of the Power of Attorney document must be submitte







#### AUTHORIZATION FOR RELEASE OF INFORMATION

### **Purpose:**

This form enables Cardinal Capital Management, to comply with federal Regulations requiring verifications of all tenant selection criteria as specified in the Tenant Selection Plan.

### **Authorization:**

I also authorize the Landlord and Manger to investigate my credit, criminal, rental, and evictions history, and the statements made in this application. I also authorize Management to obtain a consumer credit report on me from a consumer reporting agency that complies and maintains files of consumers on a nationwide basis.

The undersigned certify that the information and statements provided in this application are true and complete to best of my/our knowledge and belief. I/We understand that providing false information or making false statements may be grounds for denial of my/our application. I/We agree to provide verifications of all income and assets as required by the Owner and its agent.

Signature of Head of Household	Date
Signature of Spouse (or other Adult Member of the Household)	Date
Other adult Household Member	Date



